

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	THERAPEUTIC AND DIAGNOSTIC CONJUGATES FOR USE WITH MULTISPECIFIC ANTIBODIES
Attorney Docket Number::	018733-1135
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	16
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.A
Status::	Full Capacity
Given Name::	William J.
Family Name::	McBride

City of Residence:: Boonton
State or Province of New Jersey
Residence::
Country of Residence:: US
Street of mailing address:: 116 Glover Street
City of mailing address:: Boonton
State or Province of mailing NJ
address::
Postal or Zip Code of mailing 07005
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David M.
Family Name:: Goldenberg
City of Residence:: Mendham
State or Province of New Jersey
Residence::
Country of Residence:: US
Street of mailing address:: 330 Pleasant Valley Road
City of mailing address:: Mendham
State or Province of mailing NJ
address::
Postal or Zip Code of mailing 07945
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Carl

Family Name:: Noren
City of Residence:: Mt. Arlington
State or Province of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 70 Hickory Way
City of mailing address:: Mt. Arlington
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07856-1357

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Hans J.
Family Name:: Hansen
City of Residence:: Picayune
State or Province of Residence:: Mississippi
Country of Residence:: US
Street of mailing address:: 6014 Angler Drive
City of mailing address:: Picayune
State or Province of mailing address:: MS
Postal or Zip Code of mailing address:: 39466

Correspondence Information

Correspondence Customer Number:: 22428

E-Mail address:: PTOMailMilwaukee@Foley.com

Representative Information

Representative Customer Number::	23533	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/150,654	05/17/2002
10/150,654	Continuation-in-part of	09/382,186	08/23/1999
09/382,186	Continuation-in-part of	09/337,756	06/22/1999
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/090,142	06/22/1998
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/104,156	10/14/1998
10/150,654	Continuation-in-part of	09/823,746	04/03/2001
09/823,746	Continuation-in-part of	09/337,756	06/22/1999
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/090,142	06/22/1998
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/104,156	10/14/1998

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: IMMUNOMEDICS, INC.